



## SPECIAL EVENT APPLICATION

**Central Fire District of Santa Cruz County**  
**930 17th Avenue • Santa Cruz, CA 95062**  
**(831) 479-6842 • [www.centralfiresc.org](http://www.centralfiresc.org)**

### EVENT COORDINATOR INFORMATION:

Promotion/Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

On-site event coordinator: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### EVENT INFORMATION:

Name of event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Event description: \_\_\_\_\_

Event address: \_\_\_\_\_

Total # of people anticipated: \_\_\_\_\_

### POWER & COOKING:

Source of power:  On-site power  Generator Type & amount of fuel \_\_\_\_\_

Number of booths: Cooking: \_\_\_\_\_ Non-cooking: \_\_\_\_\_ # of food trucks: \_\_\_\_\_

Cooking (prepared how?):  Deep fry  BBQ  Open flame  Other: \_\_\_\_\_

Open flames (other than cooking):  YES  NO Outdoor heaters:  YES  NO

### ENTERTAINMENT:

Type of entertainment: \_\_\_\_\_ Stage  YES  NO

Fireworks or special effects:  YES  NO Description: \_\_\_\_\_

### TENT INFORMATION:

Tents:  YES  NO Heating:  Electric  Propane  None

Number of tents and sizes: \_\_\_\_\_

**OTHER:**

Description of special effects including sound, theatrical smoke, lighting (ie: strobes) and all other effects:

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Description of decorations and/or wall coverings being used. Provide documentation for the fire-retardant treated materials being proposed or provide a sample of the material for a flame test.

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**PROVIDE:**

- Site plan for the event, including tent, booth, stage etc. locations
- Complete floor plan of the event area including seating/table arrangements (if applicable)
- Fire evacuation plan (if applicable)
- Fire safety plan (if applicable)
- Fire protection and detection systems (fire sprinklers, fire alarms etc.) (if applicable)

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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| <b>FOR OFFICE USE ONLY</b>                                     |
| <b>PERMIT</b>  |
| Permit #: _____ Date issued: _____ Fee: _____ Date paid: _____ |
| Final inspection date: _____ Inspector: _____                  |
| Comments:  |
| _____  |
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